



Village of Savoy

Savoy Municipal Center

611 North Dunlap Avenue, Savoy, IL 61874

APPLICATION FOR LIQUOR LICENSE

DATE: _____

TO: Joan E. Dykstra
President of Board of Trustees and Local Liquor Control Commissioner
Village of Savoy
611 North Dunlap Avenue
Savoy, IL 61874
(217) 359-5894

THE UNDERSIGNED INDIVIDUAL OR PARTNERSHIP HEREBY MAKES APPLICATION FOR A LICENSE TO SELL ALCOHOLIC LIQUORS AT RETAIL AND SUBMIT THE FOLLOWING:

1. APPLICANT: _____
2. PROPRIETORSHIP, PARTNERSHIP, OR CORPORATE NAME: _____

3. LOCATION OF ABOVE BUSINESS _____
(Number, Street, or Lot & Block, Section, Township)

(City, Town, Village) (Rural Route & Post Office Box) (County)
4. PRINCIPAL KIND OF BUSINESS: _____
AND CLASS OF LICENSE APPLIED FOR: _____
5. NAME OF OWNER(S) OF PREMISE AND/OR OFFICERS OF CORPORATION AND
REGISTERED AGENT: _____

6. DATE YOU FIRST APPLIED FOR LIQUOR LICENSE ANYWHERE IN ILLINOIS: _____
7. GIVE CURRENT STATE LICENSE NUMBER: _____
8. GIVE DATE YOU BEGAN (WILL BEGIN) LIQUOR SALES AT THIS LOCATION: _____

9. HAS LIQUOR LICENSE BEEN REVOKED AT THIS LOCATION? _____

10. HAS APPLICANT, OR OWNER OF PREMISE, EVER BEEN CONVICTED OF A FELONY, OR MISDEMEANER PUNISHABLE UNDER ILLINOIS LAW BY A MINIMUM IMPRISONMENT OF 6 MONTHS OR LONGER? _____ IF YES, GIVE PARTICULARS:

11. HAS ANY MANUFACTURER, IMPORTER, OR DISTRIBUTOR DIRECTLY OR INDIRECTLY PAID OR AGREED TO PAY FOR THIS LICENSE, OR IS SUCH PERSON DIRECTLY OR INDIRECTLY INTERESTED IN THE OWNERSHIP, PRODUCT, OR OPERATION OF THE PLACE OF BUSINESS? _____ IF YES, GIVE PARTICULARS:

12. HAS APPLICANT EVER BEEN REFUSED RETAIL LICENSE IN ANY STATE, OR HAS ANY STATE SUSPENDED OR REVOKED RETAIL LIQUOR SALE LICENSE: _____
IF YES, GIVE REASON FOR SUCH ACTION: _____
13. WILL APPLICANT COMPLY WITH ARTICLE VIII OF THE LIQUOR CONTROL ACT (TAXATION OF LIQUOR), AND THE REGULATION IN CONNECTION THEREWITH, AND THE PROVISIONS OF THE ORDINANCE REGULATING THE SALE AT RETAIL OF ALCOHOLIC LIQUORS IN THE VILLAGE OF SAVOY, ILLINOIS?

14. THIS RETAIL LIQUOR BUSINESS WILL BE MANAGED BY: _____
15. DOES AGENT OR MANAGER IN ITEM NO. 14 ABOVE SUBSCRIBE TO ALL PROVISIONS OF THE SAVOY, ILLINOIS ORDINANCE FOR THE RETAIL SALE OF ALCOHOLIC LIQUORS?

AFFIDAVIT #1

STATE OF _____)
COUNTY OF _____) SS.

I(we) swear that I(we) will not violate any of the laws of the State of Illinois, or of the United States of America in the conduct of the business described herein and that statements contained in this application are true and correct.

Subscribed and sworn to before this ____ day of _____, 20__.

(SEAL)

NOTARY PUBLIC

APPLICANT

AFFIDAVIT #2

STATE OF _____)
COUNTY OF _____) SS.

It is agreed that any material change in ownership and/or corporate structure will necessitate the voluntary (prorate) termination of this license. It will be necessary to then apply for reissuance of the license with changes noted above to be considered by the Board of Trustees of the Village of Savoy.

Subscribed and sworn to before this ____ day of _____, 20__.

(SEAL)

NOTARY PUBLIC

APPLICANT